

CEREBRAL PALSY DESCRIPTION FORM Part I: MOTOR IMPAIRMENTS

Child's name: Please attach sticky label if available
 Examining clinician:

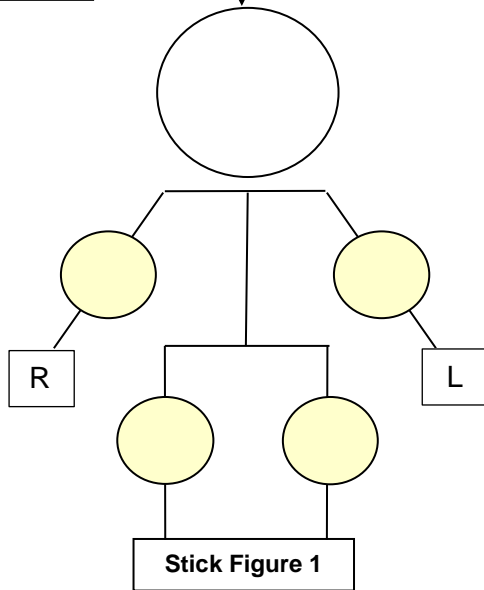
DOB: _____
 Date: _____

Place of birth (State, Country): _____

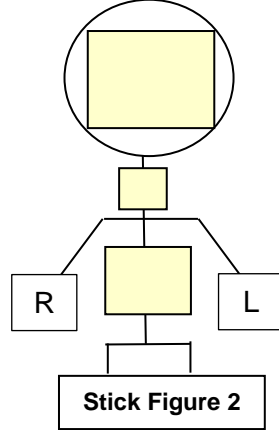
1. Is there spasticity in one or more limbs?

Please tick all Yes/No boxes as appropriate

Yes No

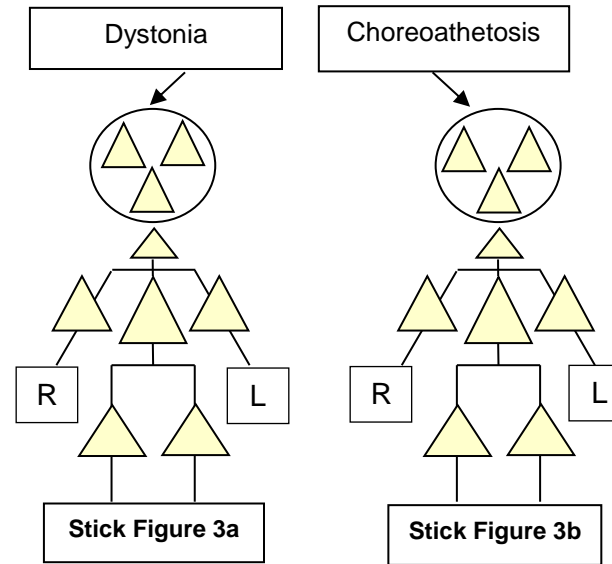


2. Describe face/neck/trunk tone



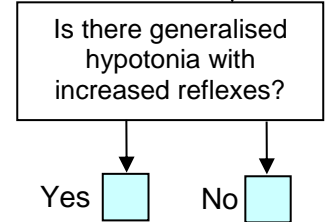
3. Is muscle tone varying?

Yes No



4. Is ataxia present?

Yes No



Please number tone/movement abnormalities present in order of predominance (1 = most predominant or only abnormality)

- Spasticity
- Dystonia
- Choreoathetosis
- Ataxia
- Generalised hypotonia

Stick Figure 1: Australian Spasticity Assessment Scale (ASAS)

Enter: Highest spasticity score

- 0 = No catch on rapid passive movement (RPM) (no spasticity)
- 1 = Catch on RPM followed by release. There is no resistance to RPM throughout rest of range
- 2 = Catch occurs in second half of available range (after halfway point) during RPM and is followed by resistance throughout remaining range
- 3 = Catch occurs in first half of available range (up to & including the halfway point) during RPM and is followed by resistance throughout remaining range
- 4 = When attempting RPM, the body part appears fixed but moves on slow passive movement. NB Contractures do not need to be recorded on this form.

Stick Figure 2 Instructions:

Face/Neck/Trunk muscle tone:

- Enter ↓ = Hypotonia
- ↑ = Hypertonia
- ↕ = Fluctuating
- N = Normal

Stick Figures 3a and 3b Instructions:

Tick triangles where signs are present or score (PTO)

Please explain this form to families if there is interest and opportunity. Describe CP motor type and topography as you would write in the medical record:

Was the Hypertonia Assessment Tool (HAT) used to identify spasticity and/or dystonia?

Yes

No

Please indicate how spasticity was quantified in Stick Figure 1:

Australian Spasticity Assessment Scale (ASAS) Other (please specify): _____

Not used

Please indicate how dyskinesia was quantified in Stick Figures 3a and 3b:

Barry Albright Dystonia Scale (BADs) Dyskinesia Impairment Scale (DIS)

Other (please specify): _____ Not used

Part II: FUNCTION AND ASSOCIATED IMPAIRMENTS

Please complete as many clinical details as possible

Gross Motor Function Classification System E&R

GMFCS Level I Level II Level III Level IV Level V

Functional Mobility Scale (FMS)

5m: _____ 50m: _____ 500m: _____

Manual Ability Classification System

MACS: Level I Level II Level III Level IV Level V

Communication Function Classification System

CFCS: Level I Level II Level III Level IV Level V

Eating and Drinking Ability Classification System

EDACS: Level I Level II Level III Level IV Level V
Independent Requires assistance Totally dependent

Intellectual impairment:

None Probably none Probably some

Mild Moderate Severe

Not tested IQ score if tested: _____

Viking Speech Scale

- I (Speech not affected by motor disorder)
 II (Speech imprecise, usually understandable to unfamiliar listeners)
 III (Speech unclear, not usually understandable to unfamiliar listeners out of context)
 IV (no understandable speech)

Briefly describe presence or absence of associated impairments

Epilepsy: Previously, but now resolved:
None Yes, seizure type(s): _____ Age at onset: _____

Vision: Normal Some impairment: Bilateral blindness: Strabismus: Uncertain:

Hearing: Normal Some impairment: Bilateral deafness: Uncertain:

Other diagnoses: Mental health: _____

None Developmental disorder (e.g. ASD, ADHD): _____

Other _____